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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

| | |
|------------------------|--------------------------|
| Application Number | 10/518,129-Conf.No. 6714 |
| Filing Date | December 14, 2004 |
| First Named Inventor | Emily A. CARTER |
| Art Unit | 1793 |
| Examiner Name | Kevin M. JOHNSON |
| Attorney Docket Number | 58086-223916 |

ENCLOSURES (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Req. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Ext. of Time Request (1 mo.) <input type="checkbox"/> Declaration <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (68 refs.) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------|----------|--------|
| Firm Name | VENABLE LLP | | |
| Signature | | | |
| Printed name | Lars H. Genieser, Ph.D. | | |
| Date | May 19, 2008 | Reg. No. | 46,722 |

DC2/956795



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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60.00)

| Complete if Known | |
|----------------------|-------------------|
| Application Number | 10/518,129 |
| Filing Date | December 14, 2004 |
| First Named Inventor | Emily A. Carter |
| Examiner Name | Kevin M. JOHNSON |
| Art Unit | 1793 |
| Attorney Docket No. | 58086-223916 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Small Entity Fee (\$) | Fees Paid (\$) |
|------------------|-------------|--------------------------|-------------|--------------------------|------------------|--------------------------|--------------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| Small Entity | |
|--------------|----------|
| Fee (\$) | Fee (\$) |
| 50 | 25 |
| 210 | 105 |
| 370 | 185 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|----------|---------------|---------------------------|
| | | | | |
| | | | | |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| | | | |
| | | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| | | | | |
| | | | | |

4. OTHER FEE(S)

Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00

| SUBMITTED BY | | Registration No. (Attorney/Agent) | Telephone |
|-------------------|-------------------------|--------------------------------------|----------------|
| Signature | | 46,722 | (202) 344-4000 |
| Name (Print/Type) | Lars H. Genieser, Ph.D. | Date | May 19, 2008 |